

216020551  
99391

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 056	Agency Case No. B6-044133	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/09/2016		TIME OF ACCIDENT 0630	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1315	05/20/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 4305 O street		PRIVATE PROPERTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	20		IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN			
V2/M	20		MILES N S E W AND MILES N S E W OF NEAREST CITY OR TOWN			
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	DRIVER		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
V1/N	1		Parked and unattended		PHONE	LOCAL NO.
V2/N	1		DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
G	1		OWNER		PHONE	LOCAL NO.
H	5		JULIE A LARSON / Leighton W Larson		402-421-1744	06-14-1959
I	1		OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/O	1		LICENSE PLATE PA NO. RYU600		YEAR (Plate Expires) 2016	STATE (Of Plate) NE
V2/O	5		VEHICLE 2008 Nissan Rogue		BODY STYLE Medium/large	COLOR red
I	7		VEHICLE ID NO. (V1/N) JN8AS58V98W118072		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 750	
J	12		TOWED TO		TOWED BY	POLICY NO. 0110 906 48343
K	VEHICLE NO. 2					
V1/P	8		DRIVER LICENSE NO.		STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V2/P	8		DRIVER		PHONE	LOCAL NO.
J	12		DRIVER ADDRESS CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	
V1/Q	4		OWNER		PHONE	LOCAL NO.
V2/Q	4		ABBAS ABDUL-RAHMAN			
K	01		OWNER ADDRESS CITY, STATE, ZIP		CITATION <input type="checkbox"/> PENDING <input type="checkbox"/> YES <input type="checkbox"/> NO	CITATION NO.
V1/R	4		LICENSE PLATE PA NO. TGR422		YEAR (Plate Expires) 2017	STATE (Of Plate) NE
V2/R	4		VEHICLE 2001 Honda ULX		BODY STYLE 4 door Sedan	COLOR silver / chrome
V1/S	4		VEHICLE ID NO. (V1/N) 1HGCG16491A085328		ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$	
V2/S	01		TOWED TO		TOWED BY	POLICY NO. 4029081132
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	4 Injury Sev.	5 Trans.	SEX M F

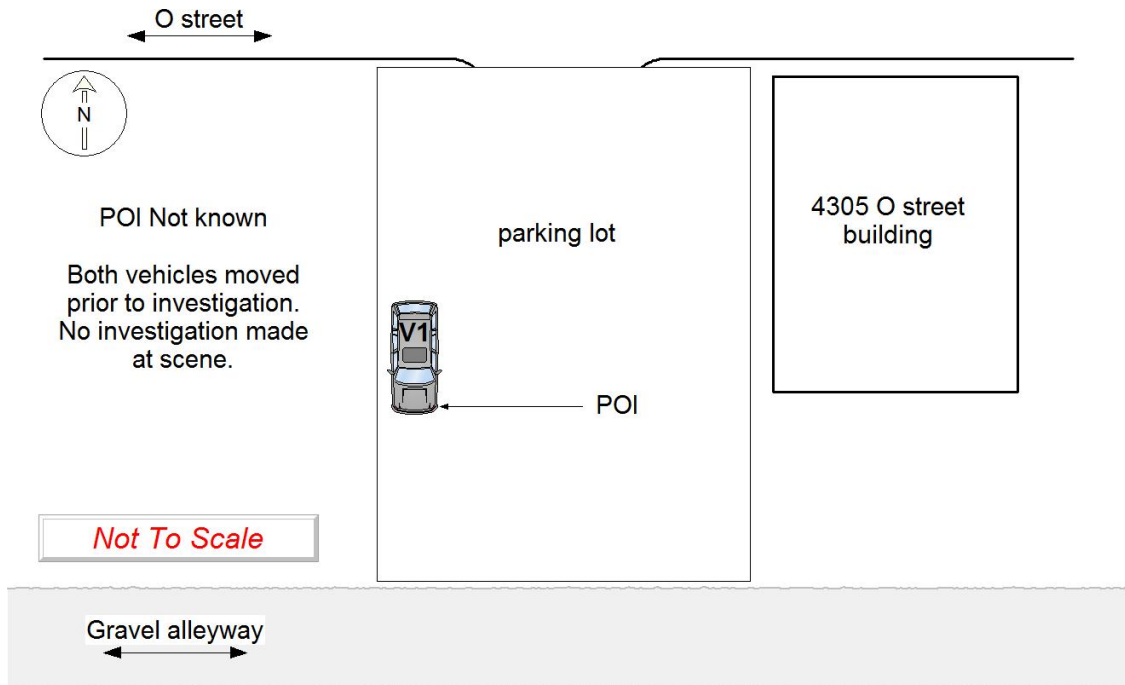
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B6-044133**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

V1 owner's daughter, Alexandria Larson, reports that she had her vehicle parked SB on the West side of the parking lot for 4305 O street on 5-9-16 between 0630 and 0700 hrs. Alexandria discovered damage to the side of her front bumper when she returned to her vehicle. Alexandria contacted employees of this business and was informed a few days ago that a silver Honda plated TGR422 was responsible per their video surveillance. The employee who provided this information to Alexandria was not at work on the day this was reported to police. Further efforts will be made to identify D2.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	0	VEH 2	1	
1		X			4305 O street		POINT OF IMPACT	08	POINT OF IMPACT							Driver No. 1	Driver No. 2	Pedestrian	
2					4305 O street		POINT OF IMPACT		POINT OF IMPACT							Y	Y	Y	
1	10	06 Turning left					MOST DAMAGED AREA	08	MOST DAMAGED AREA							N	X	N	
2	13	08 Entering traffic lane					MOST DAMAGED AREA		MOST DAMAGED AREA										
01 Essentially straight ahead				09 Leaving traffic lane				02 None				1 None used - vehicle occupant				ALCOHOL LEVEL TESTED			
02 Backing				10 Parked				03 Top & windows				2 Lap & shoulder belt used				Y			
03 Changing lanes				11 Slowing or stopped in traffic				04 Undercarriage				3 Shoulder belt only used				N			
04 Overtaking/ Passing				12 Other				05 Total (all areas)				4 Lap belt only used				X			
05 Turning right				13 Unknown				06 Other				5 Child safety seat used				N			
								07				6 Child booster seat used							
								08				7 DOT approved helmet used							
								09				8 Costume helmet used							
								10				9 Restraint use unknown							
								11											
								12											
								13											

OFFICER NO. <b>1471</b>	TROOP/ TEAM/ BEAT <b>SE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>James Quandt</b>		INVESTIGATOR SIGNATURE <b>Approved by Ofc James Quandt</b>	DATE OF REPORT <b>05/20/2016</b>